

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW

Check if different than previously reported. (ACC) Suite 700

Washington DC 20004

2. **FEC IDENTIFICATION NUMBER ▼** C00106146 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 06 / 2012 in the State of DC

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Ms. Melinda Hatton *[Electronically Filed]* Date 10 / 24 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		3059823.23
(b) Cash on Hand at Beginning of Reporting Period.....	2353783.68	
(c) Total Receipts (from Line 19) .....	117822.39	1704578.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2471606.07	4764401.70
7. Total Disbursements (from Line 31).....	691732.07	2984527.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1779874.00	1779874.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Hospital Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47426.35	725786.83
(ii) Unitemized .....	35096.04	299767.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	82522.39	1025554.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	82522.39	1035554.00
12. Transfers From Affiliated/Other Party Committees.....	34800.00	659285.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	134.15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	500.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2605.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	117822.39	1704578.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	117822.39	1704578.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	-214253.05	11799.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-214253.05	11799.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	161000.00	1060050.00
24. Independent Expenditures (use Schedule E) .....	744985.12	1912678.12
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	691732.07	2984527.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	691732.07	2984527.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	82522.39	1035554.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82522.39	1035554.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	-214253.05	11799.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	134.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-214253.05	11665.43

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Amy Sampson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Children's Lane  
City Norfolk State VA Zip Code 23507-1910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Children's Hospital of The King's Daug Occupation Vice President Public Relations, Marke  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 02 / 2012  
**Transaction ID : 20401036**  
Amount of Each Receipt this Period 350.00

**B. Mr. Gregory A Harb**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 6097  
City Longmeadow State MA Zip Code 01116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baystate Medical Center Occupation Executive Vice President and Chief Ope  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 05 / 2012  
**Transaction ID : 20424637**  
Amount of Each Receipt this Period 375.00

**c. Ms. Sheila Daly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Highland Street  
City Clinton State MA Zip Code 01510-1096  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clinton Hospital Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 05 / 2012  
**Transaction ID : 20424638**  
Amount of Each Receipt this Period 262.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 987.50  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Anthony Burchard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6115 Beech Tree Drive  
 City Alexandria State VA Zip Code 22310-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Health System Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20424659**  
 Amount of Each Receipt this Period  
 350.00

**B. Mr. William Flattery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Brookwood Circle  
 City Roanoke State VA Zip Code 24019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bedford Memorial Hospital Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20424660**  
 Amount of Each Receipt this Period  
 350.00

**C. Ms. Evelyn Garcia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5320 Hunt Camp Rd  
 City Roanoke State VA Zip Code 24018-8549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carilion Clinic Occupation Chairman, Radiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20424661**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Peter S Fine FACHE**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 25489

City Phoenix State AZ Zip Code 85002-5489

FEC ID number of contributing federal political committee. **C**

Name of Employer Banner Health Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : 20424810**

Amount of Each Receipt this Period  
 500.00

**B. Ms. Mary C. Becker**  
Full Name (Last, First, Middle Initial)

Mailing Address 7800 South Eagle Road

City Columbia State MO Zip Code 65203-9017

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association Occupation Senior VP, Commc. & Health Improvement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : 20424909**

Amount of Each Receipt this Period  
 43.75

**C. Mr. Herb B Kuhn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5310 Saddlebrooke Lane

City Lohman State MO Zip Code 65053-9353

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 03 / 2012

**Transaction ID : 20424918**

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	668.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Daniel R. Landon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1811 Forest Park Court  
 City Jefferson City State MO Zip Code 65109-9782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2012  
**Transaction ID : 20424919**  
 Amount of Each Receipt this Period 62.50

**B. Ms. Kathleen C. Poff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5119 Coventry Way  
 City Jefferson City State MO Zip Code 65101-8284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missouri Hospital Association Occupation Senior Vice President & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2012  
**Transaction ID : 20424928**  
 Amount of Each Receipt this Period 43.75

**C. Mr. Donald J Babb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 North Oakland Avenue  
 City Bolivar State MO Zip Code 65613-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Citizens Memorial Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 03 / 2012  
**Transaction ID : 20425768**  
 Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 706.25  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Jeffrey Brickman FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 North Madison Street  
 City State Zip Code  
 Joliet IL 60435-8200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Anthony Hospital President & Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20429855**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Daniel E Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 NE Glen Oak Avenue  
 City State Zip Code  
 Peoria IL 61603-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 OSF Healthcare System Chief Financial Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20429923**  
 Amount of Each Receipt this Period  
 800.00

**C. Mr. Michael Farrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 729 S. Lincoln Street  
 City State Zip Code  
 Hinsdale IL 60521-4428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advocate Health Care President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20429925**  
 Amount of Each Receipt this Period  
 800.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard B Floyd**

Mailing Address 1425 North Randall Road

City State Zip Code  
Elgin IL 60123-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sherman Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20429926**

Amount of Each Receipt this Period  
800.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Denise Keefe**

Mailing Address 4 Hawkins Circle

City State Zip Code  
Wheaton IL 60187-8466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advocate Health Care President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20430623**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Richard S Kowalski FACHE**

Mailing Address 3333 North Seminary Street

City State Zip Code  
Galesburg IL 61401-1299

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OSF St. Mary Medical Center President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2012  
**Transaction ID : 20430624**

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Karen A Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 West Highway 22  
 City Barrington State IL Zip Code 60010-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Good Shepherd Hospital Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20430625**  
 Amount of Each Receipt this Period 800.00

**B. Mr. Robert P Ritz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 East Carpenter Street  
 City Springfield State IL Zip Code 62769-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. John's Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20430976**  
 Amount of Each Receipt this Period 800.00

**C. Mr. William P Santulli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 732 Thurlow Street  
 City Hinsdale State IL Zip Code 60521-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Ope  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20430977**  
 Amount of Each Receipt this Period 800.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. William K Mahoney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 650  
 City Branson State MO Zip Code 65615-0650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skaggs Regional Medical Center Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2012  
**Transaction ID : 20431851**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Chad R. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6518 SW 26th Court  
 City Topeka State KS Zip Code 66614-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas Hospital Association Occupation Vice President, Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2012  
**Transaction ID : 20431948**  
 Amount of Each Receipt this Period  
 57.69

**C. Mr. Thomas L Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Southeast 8th Avenue  
 City Topeka State KS Zip Code 66603-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas Hospital Association Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2012  
**Transaction ID : 20431954**  
 Amount of Each Receipt this Period  
 57.69

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Melissa Levy Hungerford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6448 SW Bayshore Dr  
 City Auburn State KS Zip Code 66402-9324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas Hospital Association Occupation Sr. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2012  
**Transaction ID : 20431993**  
 Amount of Each Receipt this Period 57.69

**B. Mr. Fred J. Lucky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14607 W 89  
 City Lenexa State KS Zip Code 66215-2967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas Hospital Association Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 596.11

Date of Receipt 10 / 04 / 2012  
**Transaction ID : 20435204**  
 Amount of Each Receipt this Period 76.90

**c. Mr. Hugh C. Tappan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 N. Hillside  
 City Wichita State KS Zip Code 67214-4910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wesley Medical Center Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2012  
**Transaction ID : 20435243**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 634.59  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Scott J Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 East Spuce Street

City Garden City State KS Zip Code 67846-5679

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Catherine Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2012  
**Transaction ID : 20435244**

Amount of Each Receipt this Period 250.00

**B. Mr. Michael P Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 820

City Meade State KS Zip Code 67864-0820

FEC ID number of contributing federal political committee. **C**

Name of Employer Meade District Hospital Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.75

Date of Receipt 10 / 04 / 2012  
**Transaction ID : 20435245**

Amount of Each Receipt this Period 40.25

**C. Mr. Bryan D. Hehemann**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Hunter Woods Dr

City Oxford State OH Zip Code 45056-9040

FEC ID number of contributing federal political committee. **C**

Name of Employer McCullough-Hyde Memorial Hospital Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20439451**

Amount of Each Receipt this Period 900.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1190.25

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Tim Colburn**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 North Pickaway Street

City State Zip Code  
Circleville OH 43113-1447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Berger Health System President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2012

**Transaction ID : 20439452**

Amount of Each Receipt this Period  
400.00

**B. Ms. Mary H Boosalis**  
Full Name (Last, First, Middle Initial)

Mailing Address One Wyoming Street

City State Zip Code  
Dayton OH 45409-2722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Health Partners President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2012

**Transaction ID : 20439469**

Amount of Each Receipt this Period  
500.00

**C. Mr. Rick Sites**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Smalwood Drive

City State Zip Code  
Columbus OH 43235-2503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ohio Hospital Association Staff Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2012

**Transaction ID : 20439475**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Dr. Achilles Demetriou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11100 Euclid Avenue  
 City Cleveland State OH Zip Code 44106-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospitals Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20439476**  
 Amount of Each Receipt this Period 500.00

**B. Mr. Keith E. Maitland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31415 Tuttle Drive  
 City Bay Village State OH Zip Code 44140-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Hospital Occupation President, UH Home Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20439477**  
 Amount of Each Receipt this Period 500.00

**C. Ms. Susan Juris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 395 Solon Road  
 City Chagrin Falls State OH Zip Code 44022-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ahuja Medical Center Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20439485**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Robert David**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 158 West Main Road  
 City State Zip Code  
 Conneaut OH 44030-2039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Hospitals Conneaut Medical Interim President and Chief Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20439486**  
 Amount of Each Receipt this Period  
 500.00

**B. Ms. Lee Ann Liska**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7141 Ravens Run Drive  
 City State Zip Code  
 Cincinnati OH 45244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jewish Hospital, The Interim President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20439488**  
 Amount of Each Receipt this Period  
 250.00

**C. Ms. Kristen Wevers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 581 Belle Meade Farm Drive  
 City State Zip Code  
 Loveland OH 45140-7303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mercy Health Partners - Southwest Ohio Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20439489**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael Kramer</b>		Date of Receipt
Mailing Address 142 Camulet Ct		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City State Zip Code Crestview KY 41017		<b>Transaction ID : 20439491</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Mercy Health Partners - Southwest Ohio Finance Director		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Leonard M Randolph MD</b>		Date of Receipt
Mailing Address 4832 Maxwell Dr		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City State Zip Code Mason OH 45040-4619		<b>Transaction ID : 20439492</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Mercy Hospital Anderson Senior Vice President and Chief Medica		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rick M. Tolson</b>		Date of Receipt
Mailing Address 1075 Bayswater Dr		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City State Zip Code Union KY 41091-7134		<b>Transaction ID : 20439494</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Christ Hospital Chief Administrative Officer		<input type="text" value="600.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Debra K Boardman FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 East 34th Street  
 City Hibbing State MN Zip Code 55746-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Range Regional Health Services Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20439504**  
 Amount of Each Receipt this Period 250.00

**B. Mr. Jon D Braband FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1805 Hennepin Avenue North  
 City Glencoe State MN Zip Code 55336-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glencoe Regional Health Services Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20439505**  
 Amount of Each Receipt this Period 265.00

**C. Ms. Tania Daniels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue W.  
 City Saint Paul State MN Zip Code 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Minnesota Hospital Association Occupation Vice President, Patient Safety  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.99

Date of Receipt 10 / 09 / 2012  
**Transaction ID : 20439508**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. George Gerlach</b>		Date of Receipt
Mailing Address 345 Tenth Avenue		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Granite Falls MN 56241-1499		<b>Transaction ID : 20439510</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Granite Falls Municipal Hospital and M Chief Executive Officer		<input type="text" value="67.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="242.50"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Benjamin Koppelman</b>		Date of Receipt
Mailing Address 600 Pleasant Avenue		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Park Rapids MN 56470-1431		<b>Transaction ID : 20439514</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation St. Joseph's Area Health Services President and Chief Executive Officer		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="545.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Krinkie</b>		Date of Receipt
Mailing Address 2550 University Avenue W. Suite 350-S		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Saint Paul MN 55114-1052		<b>Transaction ID : 20439515</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Minnesota Hospital Association Vice President, Government Relations		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="520.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="112.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Frank Lawatsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1815 Wisconsin Avenue

City Benson State MN Zip Code 56215-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer: Swift County-Benson Hospital Occupation: Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 10 / 09 / 2012  
**Transaction ID : 20439517**

Amount of Each Receipt this Period: 90.00

**B. Mr. Daniel McInerney Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 South Fifth Street Suite 2300

City Minneapolis State MN Zip Code 55402-4200

FEC ID number of contributing federal political committee. **C**

Name of Employer: Leonard, Street & Deinard, PA Occupation: Chair, Health Law Department

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt: 10 / 09 / 2012  
**Transaction ID : 20439520**

Amount of Each Receipt this Period: 112.50

**c. Mr. Alan Schilmoeller**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 First Street, SW

City Rochester State MN Zip Code 55905-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mayo Clinic Occupation: Vice Chair, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 523.00

Date of Receipt: 10 / 09 / 2012  
**Transaction ID : 20439522**

Amount of Each Receipt this Period: 23.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lori L Wightman**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Osborne Road NE

City: Fridley State: MN Zip Code: 55432-2718

FEC ID number of contributing federal political committee: **C**

Name of Employer: Unity Hospital Occupation: President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 222.50

Date of Receipt: 10 / 09 / 2012  
**Transaction ID : 20439525**

Amount of Each Receipt this Period: 47.50

**B. Ms. Patricia Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Cedarbrook Drive

City: Norman State: OK Zip Code: 73072-4242

FEC ID number of contributing federal political committee: **C**

Name of Employer: Oklahoma Hospital Association Occupation: Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 10 / 05 / 2012  
**Transaction ID : 20439795**

Amount of Each Receipt this Period: 500.00

**C. Ms. Cindy Duncan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 East Jasmine

City: Frederick State: OK Zip Code: 73542-4020

FEC ID number of contributing federal political committee: **C**

Name of Employer: Memorial Hospital and Physician Group Occupation: Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 10 / 05 / 2012  
**Transaction ID : 20439796**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 797.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. LaWanna S. Halstead RN, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Lincoln Boulevard  
 City Oklahoma City State OK Zip Code 73105-5207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oklahoma Hospital Association Occupation VP, Quality & Clinical Initiatives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439807**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. Edward Heinen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 NW Expressway, Ste. 800  
 City Oklahoma City State OK Zip Code 73112-4458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTEGRIS Health Occupation Managing Director/Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439809**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Corey Lively**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 429 West Elm Street  
 City Hobart State OK Zip Code 73651-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elkview General Hospital Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439814**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Greg Martin**

Mailing Address 1310 South Main Street

City State Zip Code  
Grove OK 74344-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Integris Grove General Hospital President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 05 / 2012  
**Transaction ID : 20439815**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Wentz J Miller**

Mailing Address 3366 NW Expressway, Suite 800

City State Zip Code  
Oklahoma City OK 73112-4458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INTEGRIS Health Managing Director and Chief Financial

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 05 / 2012  
**Transaction ID : 20439820**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Rick Snyder**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
Oklahoma City OK 73105-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oklahoma Hospital Association Vice President, Finance & Information

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 05 / 2012  
**Transaction ID : 20439830**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Lynne Stewart White**

Mailing Address 4000 Lincoln Boulevard

City Oklahoma City      State OK      Zip Code 73105-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Hospital Association      Occupation Coordinator, Govt Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439831**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Maha Sultan M.D.**

Mailing Address 319 East Josephine

City Frederick      State OK      Zip Code 73542-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hospital and Physician Group      Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439837**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Rex VanMeter**

Mailing Address 710 South 13th Street

City Blackwell      State OK      Zip Code 74631-3700

FEC ID number of contributing federal political committee. **C**

Name of Employer Integris Blackwell Regional Hospital      Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2012  
**Transaction ID : 20439838**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Mary Winters**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7750 N Chisholm Hill Rd  
City Yukon State OK Zip Code 73099-9134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oklahoma Hospital Association Occupation VP Education & Support Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 05 / 2012  
**Transaction ID : 20439857**  
Amount of Each Receipt this Period 250.00

**B. Mr. James J. Sinek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Elmers Lane  
City Norfolk State NE Zip Code 68701-2076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Faith Regional Health Services Occupation President and Chief Executive Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20442823**  
Amount of Each Receipt this Period 250.00

**C. Ms. Eloise Broner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2308 Briggs Road  
City Centerville State OH Zip Code 45459-6621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Good Samaritan Hospital Occupation Executive Vice President and Chief Ope  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444672**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Randall D Oostra FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Richards Road  
 City Toledo State OH Zip Code 43607-1037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProMedica Bixby Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444679**  
 Amount of Each Receipt this Period 250.00

**B. Ms. Claire Combs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 Hospital Drive  
 City Cincinnati State OH Zip Code 45103-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital Clermont Occupation Vice President and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444682**  
 Amount of Each Receipt this Period 250.00

**C. Ms. Berna Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 Whitehead Rd.  
 City Columbus State OH Zip Code 43204-1856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio Hospital Association Occupation Director, Fiscal Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444683**  
 Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Nancy Dean**

Mailing Address 12116 Oakpark Blvd

City Cleveland State OH Zip Code 44125-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **361.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20444684**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Mr. Sean McGlone**

Mailing Address 155 East Broad Street

City Columbus State OH Zip Code 43215-3609

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Assoc. General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20444685**

Amount of Each Receipt this Period  
**350.00**

Full Name (Last, First, Middle Initial)  
**C. Mr. Raymond Braun**

Mailing Address 1482 Wayne Ave

City Lakewood State OH Zip Code 44107-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Occupation Vice President , Facilities

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20444702**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **850.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Peter S Brumleve**  
Full Name (Last, First, Middle Initial)

Mailing Address 26400 George Zeiger Dr

City Beachwood	State OH	Zip Code 44122-7510
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation Chief Marketing Officer
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

**Transaction ID : 20444703**

Amount of Each Receipt this Period  
250.00

**B. Ms. Darby Dennis RN, MS**  
Full Name (Last, First, Middle Initial)

Mailing Address Msc, 3605 Warrensville Center Rd

City Shaker Heights	State OH	Zip Code 44122
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation Clinical Division Information Officer
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

**Transaction ID : 20444705**

Amount of Each Receipt this Period  
250.00

**C. Ms. Liz Novak**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Avenue

City Cleveland	State OH	Zip Code 44106-1716
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation Vice President Technology Projects
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2012

**Transaction ID : 20444739**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Sonia Salvino**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-1716

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Case Medical Cent Occupation Vice President Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444740**

Amount of Each Receipt this Period 250.00

**B. Dr. Jeffrey L. Sunshine**  
Full Name (Last, First, Middle Initial)

Mailing Address 2711 Emerson Dr

City Pepper Pike State OH Zip Code 44124-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospital Occupation VP & Chief Medical Information

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444741**

Amount of Each Receipt this Period 250.00

**C. Mr. Michael Vehovec**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Avenue

City Cleveland State OH Zip Code 44106-2602

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Case Medical Cent Occupation Vice President and Corporate Controlle

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2012  
**Transaction ID : 20444742**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Alan Wilde**  
Full Name (Last, First, Middle Initial)

Mailing Address 8540 Windsor Way

City Broadview Heights State OH Zip Code 44147-1789

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Occupation Vice President, System Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : 20444743**

Amount of Each Receipt this Period  
 250.00

**B. Mr. John Christopher Lang**  
Full Name (Last, First, Middle Initial)

Mailing Address 1517 Deer Path

City Raymore State MO Zip Code 64083-8180

FEC ID number of contributing federal political committee. **C**

Name of Employer Cass Regional Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : 20445250**

Amount of Each Receipt this Period  
 150.00

**C. Mr. Stephen M. Ahnen**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 20445495**

Amount of Each Receipt this Period  
 45.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Paula Minnehan**  
Full Name (Last, First, Middle Initial)

Mailing Address 283 Gallopiny Hill Road

City Hopkinton State NH Zip Code 03229-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **10 / 15 / 2012**

**Transaction ID : 20445496**

Amount of Each Receipt this Period **16.00**

**B. Ms. Leslie K. Melby**  
Full Name (Last, First, Middle Initial)

Mailing Address 375 Farrington Colner Road

City Hopkinton State NH Zip Code 03229-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation Vice President, Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **10 / 15 / 2012**

**Transaction ID : 20445497**

Amount of Each Receipt this Period **16.00**

**C. Mr. Greg Kiser**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 769

City Louisa State KY Zip Code 41230-0769

FEC ID number of contributing federal political committee. **C**

Name of Employer Three Rivers Medical Center Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 16 / 2012**

**Transaction ID : 20445546**

Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **332.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Edward Nairn**  
Full Name (Last, First, Middle Initial)

Mailing Address Highlands Regional Med Ctr  
Box 668

City State Zip Code  
Prestonburg KY 41653-0668

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Highlands Regional Medical Center Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 20445547**

Amount of Each Receipt this Period  
300.00

**B. Mr. Bruce A. Klockars**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7

City State Zip Code  
Mount Sterling KY 40353-0007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Saint Joseph Mount Sterling President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 20445548**

Amount of Each Receipt this Period  
500.00

**C. Mr. Wayne M Arboneaux**  
Full Name (Last, First, Middle Initial)

Mailing Address 135 Highway 402

City State Zip Code  
Napoleonville LA 70390-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Assumption Community Hospital Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 20445553**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Louis H Bremer Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 1901  
 City State Zip Code  
 Monroe LA 71210-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Francis Medical Center President and Chief Executive Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445554**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Charles D Daigle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Greenwood Road  
 City State Zip Code  
 Shreveport LA 71103-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Willis-Knighton Health System Chief Operating Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445555**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Kenneth E. Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 Brookline Avenue  
 City State Zip Code  
 Baton Rouge LA 70809-1431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Louisiana Hospital Association VP, Quality and Regulatory Activities  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445556**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin Bridwell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 <b>Transaction ID : 2044557</b>
Mailing Address 9521 Brookline Ave.		Amount of Each Receipt this Period 500.00
City Baton Rouge	State LA	Zip Code 70809-1431
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Hospital Association	Occupation Vice President of Healthcare Reimburse
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Clark R. Cosse III</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 <b>Transaction ID : 20445560</b>
Mailing Address 9521 Brookline Avenue		Amount of Each Receipt this Period 750.00
City Baton Rouge	State LA	Zip Code 70809-8409
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Hospital Association	Occupation Chief Governmental Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Karen Sue Zoeller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2012 <b>Transaction ID : 20445561</b>
Mailing Address 9521 Brookline Avenue		Amount of Each Receipt this Period 500.00
City Baton Rouge	State LA	Zip Code 70809-1431
FEC ID number of contributing federal political committee. C	Name of Employer Louisiana Hospital Association	Occupation Vice President, Policy Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms Patricia Jeter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9521 Brookline Avenue  
 City Baton Rouge State LA Zip Code 70809-1431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Louisiana Hospital Association Occupation Senior Vice President & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2012  
**Transaction ID : 20445562**  
 Amount of Each Receipt this Period 500.00

**B. Mr. James K Elrod FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Greenwood Road  
 City Shreveport State LA Zip Code 71130-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Willis-Knighton Health System Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2012  
**Transaction ID : 20445563**  
 Amount of Each Receipt this Period 500.00

**C. Ms. Jennifer E. McMahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 Severn Avenue  
 City Metairie State LA Zip Code 70001-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metropolitan Hospital Council of New O Occupation Director of Legal/Governmental Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2012  
**Transaction ID : 20445564**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Leif Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Charles Memorial Hospital	Occupation SeniorVP-Philanthropy
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2012

**Transaction ID : 20445567**

Amount of Each Receipt this Period  
250.00

**B. Ms. Ginger Consigny**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Charles Memorial Hospital	Occupation Vice President Human Resources
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2012

**Transaction ID : 20445568**

Amount of Each Receipt this Period  
250.00

**C. Ms. Rebecca Bradley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9521 Brookline Avenue

City Baton Rouge	State LA	Zip Code 70809-1431
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Hospital Association	Occupation Project Manager
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2012

**Transaction ID : 20445569**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Michelle Clement**

Mailing Address 129 Chamale Drive

City Slidell State LA Zip Code 70460-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Hospital Association Occupation Director of Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 20445570**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr Denise Hursey**

Mailing Address 9521 Brookline Avenue

City Baton Rouge State LA Zip Code 70809-1431

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Hospital Association Occupation Health Information Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 20445571**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael Mouisset**

Mailing Address 308 Stelly Rd.

City Carencro State LA Zip Code 70520-5329

FEC ID number of contributing federal political committee. **C**

Name of Employer ShareCor Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012

**Transaction ID : 20445631**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John C Neal**

Mailing Address P O Box 1670

City State Zip Code  
Kinder LA 70648-1670

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hood Memorial Hospital Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445632**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Robert Burgess**

Mailing Address 1125 West Highway 30

City State Zip Code  
Gonzales LA 70737-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Elizabeth Hospital President and Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445633**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Donald Lloyd**

Mailing Address P O Box 3401

City State Zip Code  
Lake Charles LA 70602-3401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CHRISTUS St. Patrick Hospital of Lake Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2012  
**Transaction ID : 20445634**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Bill Dolsen**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 Observation Drive

City State Zip Code  
Yakima WA 98901-1670

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yakima Valley Memorial Hospital Governing Board Chair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20445714**

Amount of Each Receipt this Period  
250.00

**B. Ms. Meta Dooley**  
Full Name (Last, First, Middle Initial)

Mailing Address 11315 Bridgeport Way SW

City State Zip Code  
Tacoma WA 98499-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Clare Hospital Senior Vice President Business Develop

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20445715**

Amount of Each Receipt this Period  
250.00

**C. Mr. Bruce Elkington**  
Full Name (Last, First, Middle Initial)

Mailing Address 2212 SW 316th Street

City State Zip Code  
Federal Way WA 98023-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Clare Hospital Regional Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20445716**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Kelly Espinoza MSN, RN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 Academy Road  
 City State Zip Code  
 Bellingham WA 98226-8662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PeaceHealth St. Joseph Medical Center Vice President, Patient Care Services/  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20445717**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. David Hohimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16251 Sylvester Road SW  
 City State Zip Code  
 Burien WA 98166-3017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Highline Medical Center Trustee  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20445718**  
 Amount of Each Receipt this Period  
 250.00

**C. Mr. Glenn Kasman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 14th Avenue SE  
 City State Zip Code  
 Puyallup WA 98372-3770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MultiCare Good Samaritan Hospital President and Chief Executive Officer  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20445719**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jon D Smiley</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20445737</b>
Mailing Address P O Box 719		Amount of Each Receipt this Period 250.00
City Sunnyside	State WA	Zip Code 98944-0719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sunnyside Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Claire Spain-Remy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20445738</b>
Mailing Address PO Box 5299 MS: 1501-2-MMG		Amount of Each Receipt this Period 250.00
City Tacoma	State WA	Zip Code 98415-0299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MultiCare Health System	Occupation Medical Vice President, Specialty Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lucas Xitco</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20445739</b>
Mailing Address P.O. Box 1397		Amount of Each Receipt this Period 250.00
City Tacoma	State WA	Zip Code 98401-1397
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MultiCare Health System	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dale Zender**  
Full Name (Last, First, Middle Initial)

Mailing Address 2901 Squalicum Parkway

City	State	Zip Code
Bellingham	WA	98225-1898

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PeaceHealth St. Joseph Medical Center	Regional Vice President Finance and Ch

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : 20445740**

Amount of Each Receipt this Period  
250.00

**B. Ms. Taya Briley RN, MN, JD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3925 Woodlawn Avenue North

City	State	Zip Code
Seattle	WA	98103-8206

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Washington State Hospital Association	General Legal Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : 20445741**

Amount of Each Receipt this Period  
250.00

**C. Ms. Diane E Cecchetti RN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12709 54th Avenue, NW

City	State	Zip Code
Gig Harbor	WA	98332-8853

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MultiCare Health System	President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : 20445742**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Glen Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 South Auburn Street  
P.O. Box 6128

City Kennewick State WA Zip Code 99336-5621

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennewick General Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 12 / 2012  
**Transaction ID : 20445743**

Amount of Each Receipt this Period  
500.00

**B. Ms. Claudia R. Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 4230 - 51st Avenue NE

City Seattle State WA Zip Code 98105-4931

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington State Hospital Association Occupation Sr. Vice President, Policy Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 12 / 2012  
**Transaction ID : 20445744**

Amount of Each Receipt this Period  
500.00

**C. Mr. Mark Szalwinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 Westlake Avenue North  
Suite 100

City Seattle State WA Zip Code 98109-5233

FEC ID number of contributing federal political committee. **C**

Name of Employer Group Health Cooperative Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 12 / 2012  
**Transaction ID : 20445745**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Janet True**

Mailing Address 230 36th Avenue East

City State Zip Code  
Seattle WA 98112-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Swedish Health Services Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 /  /   
**Transaction ID : 20445746**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr Richard Banta Sr**

Mailing Address 18 Buck Branch Road

City State Zip Code  
Richmond VA 23238-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bon Secours-Richmond Community Hospita Trustee

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
**Transaction ID : 20445896**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**C. Dr. John Burton M.D.**

Mailing Address P.O. Box 13367

City State Zip Code  
Roanoke VA 24033-3367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carilion Roanoke Community Hospital Chair of Emergency Medicine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
**Transaction ID : 20445897**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Barbara J Doyle RN, MS, MH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Parker's Lane  
 City Alexandria State VA Zip Code 22306-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inova Mount Vernon Hospital Occupation Senior Vice President and Chief Execut  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : 20445898**  
 Amount of Each Receipt this Period 350.00

**B. Mr. Dena Kent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 193 Robinson Drive  
 City Winchester State VA Zip Code 22602-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winchester Medical Center Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 15 / 2012  
**Transaction ID : 20445899**  
 Amount of Each Receipt this Period 350.00

**C. James Alender**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2601 Green Tree Lane  
 City Kokomo State IN Zip Code 46902-2951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Howard Regional Hospital Occupation President and Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2012  
**Transaction ID : 20445919**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. James Bickel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4370 Washington Street

City Columbus State IN Zip Code 47203-1139

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbus Regional Hospital Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2012  
Transaction ID : 20445923

Amount of Each Receipt this Period 500.00

**B. Eugene Diamond**  
Full Name (Last, First, Middle Initial)

Mailing Address 12109 South 87th Avenue

City Palos Park State IL Zip Code 60464-1206

FEC ID number of contributing federal political committee. **C**

Name of Employer Franciscan Alliance Occupation Regional CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2012  
Transaction ID : 20445929

Amount of Each Receipt this Period 250.00

**C. Mr. Donald Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 Ridge Drive

City Munster State IN Zip Code 46321-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Hospital (Munster) Occupation Chairman, President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2012  
Transaction ID : 20445951

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Janice Ryba</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2012 <b>Transaction ID : 20445954</b>
Mailing Address 1407 Brandywine Dr.		Amount of Each Receipt this Period 500.00
City Munster	State IN	Zip Code 46321-4348
FEC ID number of contributing federal political committee. C	Name of Employer St. Mary Medical Center	
Occupation Chief Executive Officer		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bradley Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2012 <b>Transaction ID : 20445956</b>
Mailing Address 1986 N. Fort Wayne Road		Amount of Each Receipt this Period 250.00
City Rushville	State IN	Zip Code 46173-7559
FEC ID number of contributing federal political committee. C	Name of Employer Rush Memorial Hospital	
Occupation President and Chief Executive Officer		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paula Swenson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2012 <b>Transaction ID : 20445958</b>
Mailing Address 2903 Coachman Dr.		Amount of Each Receipt this Period 250.00
City Valparaiso	State IN	Zip Code 46385-2990
FEC ID number of contributing federal political committee. C	Name of Employer St. Catherine Hospital	
Occupation Chief Nursing Officer		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Stephanie L Bloom FACHE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305A Grand Central  
 City Lavallette State NJ Zip Code 08735-2337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barnabas Health Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20447087**  
 Amount of Each Receipt this Period  
 450.00

**B. Mr. Richard Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 Fiddlers Run  
 City Toms River State NJ Zip Code 08755-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barnabas Health Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20447094**  
 Amount of Each Receipt this Period  
 262.50

**C. Ms. Mary Ellen Clyne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Beechwood Circle  
 City Hillsborough State NJ Zip Code 08844-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barnabas Health Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20447097**  
 Amount of Each Receipt this Period  
 262.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. John J. Dawidowski</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447101</b>
Mailing Address 17 Brookshire Drive		Amount of Each Receipt this Period 7.50
City Robbinsville	State NJ	Zip Code 08691-2554
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Vice President & General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1256.25	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Doll</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447105</b>
Mailing Address 213 Burns Way		Amount of Each Receipt this Period 262.50
City Fanwood	State NJ	Zip Code 07023-1607
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Barnabas Health	Occupation Vice President of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) <b>C. Ms. Theresa L. Edelstein</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447106</b>
Mailing Address 27 Harvest Lane		Amount of Each Receipt this Period 7.50
City Livingston	State NJ	Zip Code 07039-2750
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	277.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Sean J. Hopkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope State PA Zip Code 18938-5760

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Sr. VP., Health Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 10 / 12 / 2012  
**Transaction ID : 20447112**

Amount of Each Receipt this Period 7.50

**B. Mr. William D. Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1549 North Valley Road

City Malvern State PA Zip Code 19355-9796

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1252.50

Date of Receipt 10 / 12 / 2012  
**Transaction ID : 20447113**

Amount of Each Receipt this Period 7.50

**C. Mr. David Mebane**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 Forest Avenue

City Westfield State NJ Zip Code 07090-4323

FEC ID number of contributing federal political committee. **C**

Name of Employer Barnabas Health Occupation Senior Vice President Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : 20447120**

Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Randall J. Minniear</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447121</b>
Mailing Address 3901 Worthington Court		Amount of Each Receipt this Period 7.50
City Freehold	State NJ	Zip Code 7728
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Senior VP, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1627.50	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Monahan</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447123</b>
Mailing Address 25 Crystal Rock Road		Amount of Each Receipt this Period 262.50
City Sparta	State NJ	Zip Code 07871-3753
FEC ID number of contributing federal political committee. C		
Name of Employer Barnabas Health	Occupation SVP Corporate Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Reheis</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2012 <b>Transaction ID : 20447130</b>
Mailing Address 49 Sherbrook Drive		Amount of Each Receipt this Period 225.00
City Rockaway	State NJ	Zip Code 07866-2010
FEC ID number of contributing federal political committee. C		
Name of Employer Barnabas Health	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Sidney D. Seligman**

Mailing Address 321 Wyoming Ave  
Apt 2D

City South Orange State NJ Zip Code 07079-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Barnabas Health Occupation SVP Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 12 / 2012  
**Transaction ID : 20447137**

Amount of Each Receipt this Period  
225.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Sheryl A Slonim**

Mailing Address 210 Haase Avenue

City Paramus State NJ Zip Code 07652-4508

FEC ID number of contributing federal political committee. **C**

Name of Employer Holy Name Medical Center Occupation Senior Vice President/CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
10 / 12 / 2012  
**Transaction ID : 20447138**

Amount of Each Receipt this Period  
375.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.40

Date of Receipt  
10 / 17 / 2012  
**Transaction ID : PR1045726226881**

Amount of Each Receipt this Period  
38.47

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 638.47

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. David Schulke**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation VP Research Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1057462126881**

Amount of Each Receipt this Period **38.47**

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Sarah B. Macchiarola**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1082532726881**

Amount of Each Receipt this Period **13.47**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ms. Barbara Jellen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Section Director, Constituency Section

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1113464226881**

Amount of Each Receipt this Period **13.47**

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **65.41**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Lisa Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Chief Human Resour  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1118928226881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Mary Meadows**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Director of Professional Practice, AON  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1260472926881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

**C. Mr. Jack A. Mackay**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1347703626881**  
Amount of Each Receipt this Period 19.24  
P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 46.18  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Susan Gergely</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1347791026881</b>
Mailing Address One North Franklin		Amount of Each Receipt this Period 13.47
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director of Operations, AONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>B. Ms. Heather Drevna</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1348169726881</b>
Mailing Address 3205 Ravensworth PL		Amount of Each Receipt this Period 13.47
City Alexandria	State VA	Zip Code 22302-2107
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Member Communica	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sharon Allen</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1474886226881</b>
Mailing Address 155 North Wacker Drive		Amount of Each Receipt this Period 13.47
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Membership and Marketing Manager ASHHR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Mark Colucci**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1061 N Penny Ln  
City Palatine State IL Zip Code 60067-1821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1475133726881**  
Amount of Each Receipt this Period **19.24**  
P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Fannie D. Wade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7706 Heartwood Lane  
City Upper Marlboro State MD Zip Code 20772-4323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Executive Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **254.56**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1476385726881**  
Amount of Each Receipt this Period **15.91**  
P/R Deduction (\$15.91 Bi-Weekly)

**C. Ms. Stephanie H. Drake**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHRA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **769.40**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1492459926881**  
Amount of Each Receipt this Period **38.47**  
P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **73.62**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Monica D Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4321 Telfair Blvd  
D319  
City Suitland State MD Zip Code 20746-4271  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Political Affairs Coordinator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt  
10 / 17 / 2012  
**Transaction ID : PR1516850626881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Elisa Arespacochaga**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Associate Director, Constituency Secti  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt  
10 / 17 / 2012  
**Transaction ID : PR1555656226881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Kathy Poole**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Director, Governance Projects  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt  
10 / 17 / 2012  
**Transaction ID : PR1589439926881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Kimberly Baker</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address One North Franklin		<b>Transaction ID : PR1590809126881</b>
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.47
Name of Employer American Hospital Association-Chicago	Occupation Director Travel Meeting Services	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert Kehoe</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address One North Franklin		<b>Transaction ID : PR1625368326881</b>
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.47
Name of Employer American Hospital Association-Chicago	Occupation Associate Publisher Vertical Magazines	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>C. Mr. Stephen Hines</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2012
Mailing Address 155 North Wacker Drive		<b>Transaction ID : PR1648726626881</b>
City Chicago	State IL	Zip Code 60606-1709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.47
Name of Employer American Hospital Association-Chicago	Occupation VP, Research HRET	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Erik Rasmussen</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1819487926881</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 38.47
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

Full Name (Last, First, Middle Initial) <b>B. Ms. Aimee Hartlage</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1877582326881</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 13.47
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director Fed. Relatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>C. Ms. Shari Dexter</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1878189826881</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 19.24
City Washington	State DC	Zip Code 20004-2801
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Evelyn Knolle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW  
City Washington State DC Zip Code 20004-2802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **333.36**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1913190726881**  
Amount of Each Receipt this Period **27.78**  
P/R Deduction (\$27.78 Bi-Weekly)

**B. Ms. Janet Henderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 North Wacker Drive  
City Chicago State IL Zip Code 60606-1709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.12**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1937843126881**  
Amount of Each Receipt this Period **20.84**  
P/R Deduction (\$20.84 Bi-Weekly)

**C. Ms. Linda Fishman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW Suite 700  
City Washington State DC Zip Code 20004-2818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.40**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR327629126881**  
Amount of Each Receipt this Period **38.47**  
P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>87.09</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Michael P. McCue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 N. Greenwood Avenue  
 City Park Ridge State IL Zip Code 60068-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Associate Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.80**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR327771626881**  
 Amount of Each Receipt this Period **19.24**  
 P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Suzanne R. Sonik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.90**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR32777226881**  
 Amount of Each Receipt this Period **19.72**  
 P/R Deduction (\$19.72 Bi-Weekly)

**C. Ms. Debra J. Stock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 S. Harvey Avenue  
 City Oak Park State IL Zip Code 60304-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **769.40**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR32777826881**  
 Amount of Each Receipt this Period **38.47**  
 P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>77.43</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Neil J. Jesuele**  
Full Name (Last, First, Middle Initial)

Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**384.80**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR327801726881**

Amount of Each Receipt this Period  
**19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Pamela Austin Thompson RN, MSN**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**769.40**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR327812026881**

Amount of Each Receipt this Period  
**38.47**

P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Joan H. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**384.80**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR327831726881**

Amount of Each Receipt this Period  
**19.24**

P/R Deduction (\$19.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.95</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Robert J. Donovan**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR327846226881**

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**B. Ms. Ellen A. Pryga**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 Calvert Street, NW Apt. 1008

City Washington State DC Zip Code 20008-2614

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR327851926881**

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**C. Mr. Mark Seklecki**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR327858026881**

Amount of Each Receipt this Period **38.47**

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.95</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Regional Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.40

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2012

**Transaction ID : PR327877826881**

Amount of Each Receipt this Period  
38.47

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court #3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Chicago Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.40

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2012

**Transaction ID : PR327895726881**

Amount of Each Receipt this Period  
38.47

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Hospital Association-Washingt Director Policy Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.40

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2012

**Transaction ID : PR327906126881**

Amount of Each Receipt this Period  
13.47

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.41**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Judy Williams</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR327918926881</b>
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 13.47
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Director Membership	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard J. Umbdenstock</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR328132826881</b>
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 38.47
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Lorsbach</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR328136926881</b>
Mailing Address 204 7th Ave		Amount of Each Receipt this Period 38.47
City La Grange	State IL	Zip Code 60525-6406
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Donna J. Melkonian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5545 North Wayne  
City Chicago State IL Zip Code 60640-1318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.40**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR328223826881**  
Amount of Each Receipt this Period **38.47**  
P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Ron O. Purcell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1093 N. Faldo Way  
City Eagle State ID Zip Code 83616-5369  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **748.32**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR328241426881**  
Amount of Each Receipt this Period **41.96**  
P/R Deduction (\$41.96 Bi-Weekly)

**C. Mr. Richard J. Pollack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3475 North Venice Street  
City Arlington State VA Zip Code 22207-4446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.40**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR328260926881**  
Amount of Each Receipt this Period **38.47**  
P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **118.90**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Carolyn Forcina</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 200 Clover Hill Court		<b>Transaction ID : PR328511826881</b>
City Yardley	State PA	Zip Code 19067-5736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.40	

Full Name (Last, First, Middle Initial) <b>B. Ms. Alicia N. Mitchell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1501 N. Harrison Street		<b>Transaction ID : PR328512026881</b>
City Arlington	State VA	Zip Code 22205-2726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Communications	P/R Deduction (\$47.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.92	

Full Name (Last, First, Middle Initial) <b>C. Mr. George Arges</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address One North Franklin St.		<b>Transaction ID : PR328641126881</b>
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer American Hospital Association-Chicago	Occupation Senior Director, Health Data Managemen	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.71
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Anthony J. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Ave.

City Chicago	State IL	Zip Code 60606
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago	Occupation President & CEO, AHA Solutions, Inc. &
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR328913326881**

Amount of Each Receipt this Period  

38.47
-------

P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Rebecca Chickey**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Street

City Chicago	State IL	Zip Code 60606
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago	Occupation SPSA Director
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR329013426881**

Amount of Each Receipt this Period  

19.24
-------

P/R Deduction (\$19.24 Bi-Weekly)

**C. Dr. John R. Combes**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago	State IL	Zip Code 60606-3436
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago	Occupation President & Chief Operating Officer, C
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR329071326881**

Amount of Each Receipt this Period  

38.47
-------

P/R Deduction (\$38.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.18</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Robyn L. Bash**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR329084426881**

Amount of Each Receipt this Period  
**19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. W. Thomas Deweese**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.40**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR329215726881**

Amount of Each Receipt this Period  
**38.47**

P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. John Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.40**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR329342626881**

Amount of Each Receipt this Period  
**13.47**

P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>71.18</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Audrey L. Harris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1136 W. Farwell Ave.		<b>Transaction ID : PR329654226881</b>
City Chicago	State IL	Zip Code 60626-3861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.47
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASDVS	P/R Deduction (\$13.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.40	

Full Name (Last, First, Middle Initial) <b>B. Ms. Patricia Meersman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address One North Franklin		<b>Transaction ID : PR330343326881</b>
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.24
Name of Employer American Hospital Association-Chicago	Occupation Senior Director Member Relations	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.80	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas Misfeldt</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address One North Franklin		<b>Transaction ID : PR330411626881</b>
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.96
Name of Employer American Hospital Association-Chicago	Occupation Associate Regional Executive	P/R Deduction (\$41.96 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 748.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	74.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Maureen D. Mudron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW  
 Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR330465226881**  
 Amount of Each Receipt this Period 13.47  
 P/R Deduction (\$13.47 Bi-Weekly)

**B. Mr. Paul N. Muraca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4960 138th Circle West  
 City Apple Valley State MN Zip Code 55124-9229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR330475426881**  
 Amount of Each Receipt this Period 38.47  
 P/R Deduction (\$38.47 Bi-Weekly)

**C. Mr. Gene O'Dell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One North Franklin  
 City Chicago State IL Zip Code 60606-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR330547726881**  
 Amount of Each Receipt this Period 19.24  
 P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.18  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Eileen O'Keefe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 172 Atteridge  
City Lake Forest State IL Zip Code 60045-1715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR330549226881**  
Amount of Each Receipt this Period 38.47  
P/R Deduction (\$38.47 Bi-Weekly)

**B. Mr. Anthony Spohn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3219 N. Oriole  
City Chicago State IL Zip Code 60634-3232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Membersh  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.80

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331098326881**  
Amount of Each Receipt this Period 19.24  
P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Debi H. Tucker Esq.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1101 N. Kentucky Street  
City Arlington State VA Zip Code 22205-3515  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 381.90

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331278826881**  
Amount of Each Receipt this Period 19.72  
P/R Deduction (\$19.72 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.43  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Darlene S. Vanderbush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 West Glendale Ave.  
 City Alexandria State VA Zip Code 22301-2402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331304226881**  
 Amount of Each Receipt this Period 38.47  
 P/R Deduction (\$38.47 Bi-Weekly)

**B. Ms. Jo Ann Webb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Sr. Director Federal Relations & Polic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331379126881**  
 Amount of Each Receipt this Period 13.47  
 P/R Deduction (\$13.47 Bi-Weekly)

**C. Ms. Judy Weinsheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Seventh Street, NW Suite 700  
 City Washington State DC Zip Code 20004-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331386926881**  
 Amount of Each Receipt this Period 13.47  
 P/R Deduction (\$13.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. Dale Woodin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 W. Central Road  
City Arlington Heights State IL Zip Code 60005-2349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR331481326881**  
Amount of Each Receipt this Period 13.47  
P/R Deduction (\$13.47 Bi-Weekly)

**B. Ms. Elizabeth Summy**  
Full Name (Last, First, Middle Initial)  
Mailing Address One North Franklin  
City Chicago State IL Zip Code 60606-3436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR346168126881**  
Amount of Each Receipt this Period 38.47  
P/R Deduction (\$38.47 Bi-Weekly)

**C. Ms. Megan Cundari**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, NW Suite 700  
City Washington State DC Zip Code 20004-2818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.40

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR518031926881**  
Amount of Each Receipt this Period 38.47  
P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.41  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Ms. Laura M. Werner**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR560101526881**

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**B. Mr. Carlos Jackson**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR566280926881**

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 Bi-Weekly)

**C. Ms. Ashley B. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **572.18**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR766023726881**

Amount of Each Receipt this Period **29.65**

P/R Deduction (\$29.65 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>68.13</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Rochelle M. Archuleta**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR801366326881**

Amount of Each Receipt this Period **13.47**

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ms. Lisa Kidder Hrobsky**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.80**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR876637226881**

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**c. Ms. Jennifer Armstrong Gay**

Mailing Address 10702 Benning Way

City Spotsylvania State VA Zip Code 22551-4670

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director Communication Strategies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.40**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR928186526881**

Amount of Each Receipt this Period **13.47**

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **46.18**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 118  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

**A. Mr. David A. Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One N. Franklin Street  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Hospital Association-Chicago Occupation Executive Director Quality Center  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR939603926881**  
 Amount of Each Receipt this Period 13.47  
 P/R Deduction (\$13.47 Bi-Weekly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13.47
<b>TOTAL</b> This Period (last page this line number only).....▶	47426.35

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 118
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Montana Hospital Association PAC - Federal Fund</b>		Date of Receipt
Mailing Address P.O. Box 5119		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Helena MT 59604-5119		<b>Transaction ID : 20424597</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00238782"/>		Amount of Each Receipt this Period <input type="text" value="9100.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="9100.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Texas Hospital Association HOSPAC - Federal</b>		Date of Receipt
Mailing Address P.O. Box 15587		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78761-5587		<b>Transaction ID : 20445498</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00301325"/>		Amount of Each Receipt this Period <input type="text" value="20000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="72000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Wisconsin Hospital Association Federal PAC</b>		Date of Receipt
Mailing Address 5510 Research Park Drive PO Box 259038		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City State Zip Code Madison WI 53725-9038		<b>Transaction ID : 20445499</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00422881"/>		Amount of Each Receipt this Period <input type="text" value="700.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="8035.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="29800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 118  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Health PAL**

Mailing Address 220 Fairmont Avenue NE

City Warren State OH Zip Code 44483

FEC ID number of contributing federal political committee. **C** C00516880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012  
**Transaction ID : 20445500**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34800.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 118  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Charles Boustany, Jr. MD For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

FEC ID number of contributing federal political committee. **C** C00394866

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012  
**Transaction ID : 20445835**

Amount of Each Receipt this Period  
500.00

Contribution Refund

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mentzer Media Services, Inc.**

Mailing Address 600 Fairmount Avenue  
Suite 306

City Towson State MD Zip Code 21286

Purpose of Disbursement  
Independent Expenditure TV Advertising - See line 24

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20407717**

Amount of Each Disbursement this Period

Independent Expenditure TV Advertising - See line 24

Full Name (Last, First, Middle Initial)

**B. Mentzer Media Services, Inc.**

Mailing Address 600 Fairmount Avenue  
Suite 306

City Towson State MD Zip Code 21286

Purpose of Disbursement  
Billboard - Not Express Advocacy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20407811**

Amount of Each Disbursement this Period

Billboard - Not Express Advocacy

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20442951**

Amount of Each Disbursement this Period

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20442952**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**

Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 04 / 2012

**Transaction ID : 20442953**

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Barrow**

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

Transaction ID : 20401575

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Forward Together PAC**

Mailing Address 201 N. Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Forward Together PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

Transaction ID : 20401578

Amount of Each Disbursement this Period

1000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John D. Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

Transaction ID : 20401581

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel Webster For Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Daniel Webster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401588**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Erik P. Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401598**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Ronald Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : 20401760**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Angus King For U.S. Senate Campaign**

Mailing Address 135 Maine Street  
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Angus King**

Office Sought:  House  
 Senate  
 President  
State: ME District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401806**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Daniel Kildee**

Office Sought:  House  
 Senate  
 President  
State: MI District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401809**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. LA PAC**

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement  
2012 Contribution

Candidate Name

**LA PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401810**

Amount of Each Disbursement this Period

5000.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kirkpatrick For Arizona**

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85130

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Ann Kirkpatrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2012

**Transaction ID : 20401814**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Carmona For Arizona**

Mailing Address PO Box 12339

City State Zip Code  
Tucson AZ 85732

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Richard Carmona**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2012

**Transaction ID : 20401815**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City State Zip Code  
Oregon City OR 97045

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2012

**Transaction ID : 20401818**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401827**

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Bishop For Congress**

Mailing Address PO Box 437

City State Zip Code  
Farmingville NY 11738

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Timothy Bishop**

Office Sought:  House  
 Senate  
 President  
State: NY District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401829**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Peters For Congress**

Mailing Address P.O. Box 21535

City State Zip Code  
Detroit MI 48221

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Gary C. Peters**

Office Sought:  House  
 Senate  
 President  
State: MI District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20401882**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Himes For Congress**

Mailing Address 857 Post Road, #312

City State Zip Code  
Fairfield CT 06824

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. James A. Himes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20402029**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Brown For U.S. Senate Committee Inc**

Mailing Address 337 Summer Street

City State Zip Code  
Boston MA 02210

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Sen. Scott Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2012

**Transaction ID : 20402030**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. LaTourette For Congress Committee**

Mailing Address 320 Kenarden Dr.

City State Zip Code  
Highland Hts. OH 44143

Purpose of Disbursement  
Void of 2/2012 Check

**011**  
Category/  
Type

Candidate Name

**Rep. Steven C. LaTourette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2012

**Transaction ID : 20426452**

Amount of Each Disbursement this Period

-1000.00

Void of 2/2012 Check

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Allyson Schwartz For Congress**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Allyson Y. Schwartz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20434425**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Mailing Address 309 N Baldwin St

City State Zip Code  
Madison WI 53703

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435191**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Benjamin Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435195**

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Re-Elect McGovern Committee**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James P. McGovern**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435202**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Frelinghuysen For Congress**

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Rodney P. Frelinghuysen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435203**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Nita Lowey For Congress**

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Nita M. Lowey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435209**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rob Wittman For Congress**

Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Robert J. Wittman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435210**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Moran For Congress**

Mailing Address 311 North Washington Street  
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James P. Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435211**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435223**

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Connolly For Congress**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435224

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Eric I. Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435231

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Good Fund, The**

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
2012 Contribution

011

Candidate Name  
**Good Fund, The**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435237

Amount of Each Disbursement this Period

3000.00
---------

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00
----------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Forward Together PAC**

Mailing Address 201 N. Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2012 Contribution

**011**  
Category/  
Type

Candidate Name  
**Forward Together PAC**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435251**

Amount of Each Disbursement this Period  
1500.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith For Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Rep. Morgan H. Griffith**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: VA District: 09

Date of Disbursement  
MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435252**

Amount of Each Disbursement this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. ERIC PAC-Every Republican is Crucial PAC**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

**011**  
Category/  
Type

Candidate Name  
**ERIC PAC-Every Republican is Crucial PAC**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
10 / 09 / 2012

**Transaction ID : 20435255**

Amount of Each Disbursement this Period  
5000.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

### A. Jackie Speier For Congress

Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jackie Speier**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435256

Amount of Each Disbursement this Period

3000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

### B. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John F. Tierney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435258

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

### C. Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Bill Owens**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2012			

Transaction ID : 20435327

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Candice Miller For Congress**

Mailing Address PO Box 182152

City State Zip Code  
Shelby Township MI 48318

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Candice S. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 09 / 2012

**Transaction ID : 20435328**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee To Elect Michelle Lujan Grisham**

Mailing Address 2015 Dietz Pl Nw

City State Zip Code  
Albuquerque NM 87107

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Ms. Michelle Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20444697**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Kyrsten Sinema**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20444698**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kansans For Huelskamp**

Mailing Address PO Box 410

City State Zip Code  
Fowler KS 67844

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Tim Huelskamp**

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20444699**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Lucille Roybal-Allard**

Office Sought:  House  
 Senate  
 President  
State: CA District: 40

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20444700**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy For Congress**

Mailing Address PO Box 12667

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 20444706**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Donnelly For Indiana**

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Joseph Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

**Transaction ID : 20444744**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. DeFazio For Congress**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Peter Anthony DeFazio**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

**Transaction ID : 20444745**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Follow the North Star Fund**

Mailing Address 316 E Hennepin Ave  
Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Follow the North Star Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

**Transaction ID : 20444746**

Amount of Each Disbursement this Period

1500.00
---------

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Joseph Kennedy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2012			

**Transaction ID : 20444747**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Jaime For Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jaime Herrera Beutler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

**Transaction ID : 20445822**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Shelley Moore Capito For Congress**

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

**Transaction ID : 20445824**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:  House  
 Senate  
 President  
State: FL District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2012

**Transaction ID : 20445825**

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Corrine Brown**

Mailing Address PO Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Corrine Brown**

Office Sought:  House  
 Senate  
 President  
State: FL District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2012

**Transaction ID : 20445826**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Crenshaw For Congress Campaign**

Mailing Address 4963 Beach Boulevard

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ander Crenshaw**

Office Sought:  House  
 Senate  
 President  
State: FL District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2012

**Transaction ID : 20445829**

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mario Diaz-Balart For Congress**

Mailing Address 8770 Sw 72nd Street  
# 420

City Miami State FL Zip Code 33173

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Mario Diaz-Balart**

Office Sought:  House  
 Senate  
 President  
State: FL District: 25

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20445830**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Hastings For Congress**

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. Alcee L. Hastings**

Office Sought:  House  
 Senate  
 President  
State: FL District: 20

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20445831**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Mica For Congress**

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement  
Contribution

Candidate Name  
**Rep. John L. Mica**

Office Sought:  House  
 Senate  
 President  
State: FL District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 20445832**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Jeff B. Miller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445833**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Rich Nugent**

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Richard B. Nugent**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445834**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Bill Posey**

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Bill Posey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445836**

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Trey Radel, Inc.**

Mailing Address P.O. Box 1329

City State Zip Code  
Fort Myers FL 33902

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Henry Radel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

**Transaction ID : 20445837**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City State Zip Code  
Miami FL 33152

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ileana Ros-Lehtinen**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

**Transaction ID : 20445838**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dennis Ross**

Mailing Address PO Box 7310

City State Zip Code  
Lakeland FL 33807

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

**Transaction ID : 20445839**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Cheri Bustos**

Mailing Address P.O. Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ms. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

**Transaction ID : 20445840**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Allen Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

**Transaction ID : 20445841**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Stutzman For Congress**

Mailing Address 0250 W 600 N

City Howe State IN Zip Code 46746

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Marlin Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

**Transaction ID : 20445842**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Todd Young**

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445843**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Capuano For Congress Committee**

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Michael E. Capuano**

Office Sought:  House  
 Senate  
 President  
State: MA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445844**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Joseph J. Heck**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445845**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Mr. Steven Horsford**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20445846**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Coble For Congress**

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Howard Coble**

Office Sought:  House  
 Senate  
 President  
State: NC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20445847**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Rep. Renee Ellmers RN**

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 20445848**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Rep. Renee Ellmers RN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

/  /

**Transaction ID : 20445849**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Rep. Renee Ellmers RN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

/  /

**Transaction ID : 20445851**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C. Walter Jones Committee**

Mailing Address PO Box 3962

City State Zip Code  
Greenville NC 27836

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Rep. Walter B. Jones Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District: 03

Date of Disbursement

/  /

**Transaction ID : 20445852**

Amount of Each Disbursement this Period

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Larry Kissell For Congress**

Mailing Address PO Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Larry Kissell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445853**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. McHenry For Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445854**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. McHenry For Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445855**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. McHenry For Congress**

Mailing Address PO Box 1406

City State Zip Code  
Hickory NC 28603

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Patrick Timothy McHenry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445856**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mike McIntyre For Congress**

Mailing Address P.O. Box 1

City State Zip Code  
Lumberton NC 28359

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mike McIntyre**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445857**

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 1986

City State Zip Code  
Raleigh NC 27602

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David E. Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445858**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David E. Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20445859**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Coble For Congress**

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Howard Coble**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : 20447201**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

161000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 112 OF 118
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**American Hospital Association PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Multi Media Services, Inc.</b>	Nature of Debt (Purpose): TV Production
Mailing Address 915 King Street 2nd Floor	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period <input type="text" value="4000.00"/>	<b>Transaction ID : 20469825</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Waterfront Strategies</b>	Nature of Debt (Purpose): TV Production
Mailing Address 3050 K Street, NW Suite 100	
City State Zip Code Washington DC 20007	

Outstanding Balance Beginning This Period <input type="text" value="18263.00"/>	<b>Transaction ID : 20469826</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="18263.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McCarthy Hennings Media, Inc.</b>	Nature of Debt (Purpose): TV Production
Mailing Address 1850 M Street, NW	
City State Zip Code Washington DC 20036-5837	

Outstanding Balance Beginning This Period <input type="text" value="46248.41"/>	<b>Transaction ID : 20469827</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="46248.41"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value=""/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value=""/>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <b>7749.56</b>
City Washington	State DC	
Zip Code 20036	<b>Transaction ID : 20401032</b>	
Purpose of Expenditure Television Production	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>NY</u> <input type="checkbox"/> Senate    District: <u>19</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Chris Gibson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>7749.56</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <b>1417.05</b>
City Washington	State DC	
Zip Code 20036	<b>Transaction ID : 20401038</b>	
Purpose of Expenditure Radio Production	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <u>LA</u> <input type="checkbox"/> Senate    District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Charles W. Boustany Jr.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>181217.05</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>9166.61</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services, Inc.</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>
Mailing Address 600 Fairmount Avenue Suite 306		Amount <b>222800.00</b>
City Towson	State MD	Zip Code 21286
Purpose of Expenditure Television Advertising	Category/ Type <b>004</b>	<b>Transaction ID : 20401030</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Chris Gibson		Office Sought: <input checked="" type="checkbox"/> House    State: <u>NY</u> <input type="checkbox"/> Senate    District: <u>19</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>230549.56</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>
Mailing Address 3050 K Street, NW Suite 100		Amount <b>200315.05</b>
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Television Advertising and Production	Category/ Type <b>004</b>	<b>Transaction ID : 20401023</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Office Sought: <input checked="" type="checkbox"/> House    State: <u>CA</u> <input type="checkbox"/> Senate    District: <u>24</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>200315.05</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>423115.05</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 04 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <b>11537.61</b>
City Washington      State DC      Zip Code 20036	<b>Transaction ID : 20445237</b>	
Purpose of Expenditure TV Production - Previously Reported	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House      State: <u>LA</u> <input type="checkbox"/> Senate      District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Charles W. Boustany Jr.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>192754.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date MM / DD / YYYY <b>10 / 04 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <b>11451.15</b>
City Washington      State DC      Zip Code 20036	<b>Transaction ID : 20445239</b>	
Purpose of Expenditure TV Production - Previously Reported	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House      State: <u>WA</u> <input type="checkbox"/> Senate      District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Cathy McMorris Rodgers		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>112051.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>22988.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 04 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <span style="margin-left: 20px;">11290.87</span>
City Washington State DC Zip Code 20036	<b>Transaction ID : 20445241</b>	
Purpose of Expenditure TV Production - Previously Reported	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Richard Hanna		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">257090.87</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>McCarthy Hennings Media, Inc.</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 04 / 2012</b>
Mailing Address 1850 M Street, NW Suite 235		Amount <span style="margin-left: 20px;">11968.78</span>
City Washington State DC Zip Code 20036	<b>Transaction ID : 20445243</b>	
Purpose of Expenditure TV Production - Previously Reported	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">223928.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;">23259.65</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Ms. Melinda Hatton [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Multi Media Services Corporation</b>		Date MM / DD / YYYY <b>10 / 04 / 2012</b>
Mailing Address <b>915 King Street</b>		Amount <b>4000.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TV Production - Previously Reported</b>	Category/Type <b>004</b>	<b>Transaction ID : 20444567</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rep. James W. Gerlach</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>PA</b> <input type="checkbox"/> Senate    District: <b>06</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>184000.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY <b>10 / 04 / 2012</b>
Mailing Address <b>3050 K Street, NW</b> <b>Suite 100</b>		Amount <b>18263.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007</b>
Purpose of Expenditure <b>TV Production - Previously Reported</b>	Category/Type <b>004</b>	<b>Transaction ID : 20445235</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Rep. Bruce Braley</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>IA</b> <input type="checkbox"/> Senate    District: <b>01</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>267796.00</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>22263.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address 3050 K Street, NW Suite 100		Amount 244192.05
City Washington      State DC      Zip Code 20007	<b>Transaction ID : 20425780</b>	
Purpose of Expenditure Television Advertising and Production	Category/ Type 004	Office Sought: <input type="checkbox"/> House      State: MI <input checked="" type="checkbox"/> Senate      District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Debbie Stabenow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 244192.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City      State      Zip Code	Office Sought: <input type="checkbox"/> House      State: <input type="checkbox"/> Senate      District: <input type="checkbox"/> President	
Purpose of Expenditure	Category/ Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	244192.05
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	744985.12

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Melinda Hatton*      [Electronically Filed]      Date 10 / 24 / 2012

Signature \_\_\_\_\_